

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046982

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 53

STATE FILE NUMBER

FILED JAN 6 1964

VS 300
Rev. 4/59

10080

20080

3

4

5

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7

8

9/201

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Benton

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

WARSAW

Length of stay in 1b

7 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Benton

admission)

c. CITY

OR

TOWN

WARSAW

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

SALLIE ESTES WILLS

4. DATE OF DEATH

Month

Day

Year

Dec 28 1963

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Sept 15, 1879

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

Hours

Min.

3 13

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Benton Co., Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Elisha Estes

13b. MOTHER'S MAIDEN NAME

Elizabeth Rank

14. NAME OF HUSBAND OR WIFE

Henry A. Wills

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates of

no no

17. INFORMANT

Henry A. Wills

Address

Warsaw, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral involvement (stroke)

2 1/2 mo

DUE TO (c)

Chronic myocardial disease

20 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1957

to Dec 28, 1963

and last saw her

alive on Dec 28, 1963

Death occurred at

9:30 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James J. Reser

22b. ADDRESS

Warsaw, Mo

22c. DATE SIGNED

12/30/63

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec 30, 1963

23c. NAME OF CEMETERY OR CREMATORY

Massey Cemetery

23d. LOCATION (City, town, or county)

Edwards, Benton, Mo.

24. FUNERAL DIRECTOR

ADDRESS

John J. Reser

Warsaw

25. DATE RECD. BY LOCAL REG.

Dec 30-1963

26. REGISTRAR'S SIGNATURE

Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

920010-7000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.